

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET										SERIAL NO.	FILING DATE	
										APPLICANT(S)		
										CLAIMS		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
NO	DEF	NO	DEF	NO	DEF	NO	DEF	NO	DEF	NO	DEF	
1								51				
2								52				
3								53				
4								54				
5								55				
6								56				
7								57				
8								58				
9								59				
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12								62				
13								63				
14								64				
15								65				
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42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL NO.	2							TOTAL NO.				
TOTAL DEF	8							TOTAL DEF				
TOTAL CLAIMS	10							TOTAL CLAIMS				